



**BOARD OF REGISTERED NURSING**  
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 Ruth Ann Terry, MPH, RN, Executive Officer

## NURSE PRACTITIONER PROGRAM EVALUATION SURVEY PART I -- DATA FORM

**PLEASE TYPE**

PROGRAM NAME	DATE
ADDRESS	PHONE (     )
PROGRAM DIRECTOR	
CO-DIRECTOR	
PERSON TO WHOM DIRECTOR REPORTS	TITLE
<b>TO BE COMPLETED BY PROGRAMS CONDUCTED IN CONJUNCTION WITH INSTITUTIONS OF HIGHER EDUCATION. [Title 16, CCR Section 1484 (b) (1) (a)]</b>	
SCHOOL	PHONE (     )
ADDRESS	
PRESIDENT	
CONTACT PERSON	PHONE (     )
<b>TO BE COMPLETED BY PROGRAMS CONDUCTED IN CONJUNCTION WITH ACUTE CARE HOSPITALS. [Title 16, CCR Section 1484 (b) (1) (B)]</b>	
SCHOOL	
ADDRESS	
PRESIDENT	
CONTACT PERSON	
<b>SIGNATURE AND TITLE OF ADMINISTRATOR OF SPONSORING INSTITUTION</b>	
<b>SIGNATURE AND TITLE OF NURSE PRACTITIONER PROGRAM DIRECTOR</b>	